



Medi-Cal Managed Care Division

state of california



Medi-Cal Managed Care External Quality Review Organization

Report of the
2005 Annual Review
Central Coast Alliance for Health

Submitted by
Delmarva Foundation
October 2005



Delmarva Foundation
Improving Healthcare in the Communities We Serve.

Table of Contents

Introduction	1-2
Methodology and Data Sources	2
Background on Health Plan	2-3
Quality At A Glance	4-11
Access At A Glance	12-14
Timeliness At A Glance	14-17
Overall Strengths	17
Recommendations.....	18
References.....	19

2005 Annual Review: Central Coast Alliance for Health

Introduction

The California Department of Health Services (DHS) is charged with the responsibility of evaluating the quality of care provided to Medi-Cal recipients enrolled in contracted Medi-Cal managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DHS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 and federal EQRO regulations, Delmarva has conducted a comprehensive review of Central Coast Alliance for Health to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, stated in the federal regulations as it pertains to external quality review, is defined as “the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge” (“Final Rule: External Quality Review”, 2003).
- **Access** (or accessibility) as defined by the National Committee for Quality Assurance (NCQA), is the “timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care” (“Standards and Guidelines”, 2003).
- **Timeliness** as it relates to Utilization Management (UM) decisions is defined by NCQA as when “the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care” (“Standards and Guidelines”, 2003). An additional definition of timeliness given in the National Health Care Quality Report “refers to obtaining needed care and minimizing unnecessary delays in getting that care” (“Envisioning the National Health Care”, 2001).

Although Delmarva's task is to assess how well Central Coast Alliance for Health performs in the areas of quality, access, and timeliness. Therefore a measure or attribute identified in one of the categories of quality, access or timeliness may also be noted under either of the two other areas.

Methodology and Data Sources

Delmarva utilized four sets of data to evaluate Central Coast Alliance for Health's (CCAH) performance. The data sets are as follows:

- 2004 Health Employer Data Information Set (HEDIS) is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality and timeliness of care and service provision to members of managed care delivery systems.
- 2004 Consumer Assessment of Health Plan Satisfaction (CAHPS), Version 3.0H is a nationally employed survey developed by NCQA. It is used to assess managed care members satisfaction with the quality, access and timeliness of care and services offered by managed care organizations. CAHPS offers a standardized methodology that allows potential managed care beneficiaries to compare health plans. This comparison is designed to help the potential beneficiary select a health plan that offers the quality and access to care compatible with their particular preferences.
- Summaries of plan-conducted Quality Improvement Projects (QIPs).
- Audit and Investigation (A&I) Medical Audits – conducted by the Audit and Investigation Division of DHS to assess compliance with contract requirements and State regulations.

Background on Central Coast Alliance for Health

Central Coast Alliance for Health (CCAH) is a full service, not for profit health plan contracted in Monterey and Santa Cruz counties as a county organized health system (COHS). The Plan has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since June 20, 2000. As of July 2003, CCAH's total Medi-Cal enrollment was 82,098 members.

During the HEDIS reporting year of 2004, (CCAH) collected data related to the following clinical indicators as an assessment of quality:

- Childhood Immunizations.
- Breast Cancer Screening.
- Cervical Cancer Screening.
- Chlamydia Screening.

➤ Use of Appropriate Medications for People with Asthma

To assess member satisfaction with care and services offered by CCAH, the CAHPS survey, version 3.0 H was fielded among a random sample of health plan beneficiaries. The survey was administered to adults and parents of children for whom CCAH provides insurance coverage. Within the sample of children selected is a subset population of children who are identified as having chronic care needs (CSHCN population). This population differentiation provides regulators and other interested parties an understanding regarding whether children with complex needs experience differences in obtaining care and services compared to children within the Medi-Cal population.

With respect to the Quality Improvement Projects, CCAH submitted the following for review:

- Increasing Access to Perinatal Services for Alliance Medi-Cal Members.
- Improving Adolescent Health Collaborative Project.
- Decreasing ED and Hospital Utilization Rates for Chronic Asthmatics.
- Improving Health of Members with Diabetes Collaborative Project.

The health plan systems review for CCAH reflects joint findings assessed by DHS and the Department of Managed Health Care (DMHC). This review covers activities performed by the health plan from July 2002 to June 2003 and was conducted July 7-10, 2003. This process includes document review, verification studies, and interviews with CCAH staff.

These activities assess compliance in the following areas:

- Utilization Management.
- Continuity of Care.
- Availability and Accessibility.
- Member Rights.
- Quality Management.
- Administrative and Organizational Capacity.

Delmarva also reviewed the results of a routine monitoring review conducted by the DHS Medi-Cal Managed Care Division, Plan Monitoring/Member Rights Branch. The focus of this review covers services provided from July 2003 – March 2004, was to assess how well member grievances and prior authorizations are processed and monitored. Additionally, Delmarva evaluated the cultural and linguistic services offered by CCAH.

Quality At A Glance

HEDIS®

The HEDIS areas assessed for clinical quality can be found on page three of this report. Table 1 shows the aggregate results obtained by CCAH.

Table 1. 2004 HEDIS Quality Measure Results for Central Coast Alliance for Health

HEDIS Measure	2004 CCAH Rate	Medi Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status Combo 1	75.2%	64.7%	61.8%
Breast Cancer Screening	56.2%	53.1%	55.8%
Cervical Cancer Screening	65.2%	60.8%	63.8%
Chlamydia Screening in Women	48.1%	38.5%	45.0%
Use of Appropriate Medications for People with Asthma	62.6%	61.0%	64.2%

CCAHA exceeded the Medi-Cal managed care average for all five HEDIS measures, which displays strength in regards to these areas of quality. The “Use of Appropriate Medications for People with Asthma” measure exceeded the Medi-Cal managed care average however it fell below the National Medicaid HEDIS average. These results are very favorable compared to the Medi-Cal managed care average as well as the National Medicaid HEDIS average.

CAHPS® 3.0H

As can be expected, Medi-Cal enrollees’ perceptions of the quality of care received are closely related to their satisfaction with providers and overall health care services. Therefore, the CAHPS survey also questioned parents of CCAH enrollees regarding their satisfaction with care. Also surveyed was a subset of the population who has special health care needs. This population is reflected as CSHCN in Table 2. The non CSHCN reflects the parents’ response for children in the CCAH population not identified as having chronic care needs.

Table 2. 2004 CAHPS Quality Measure Results for Central Coast Alliance for Health

CAHPS Measure	Population	2004 CCAH Rate	2004 Medi Cal Average
Getting Needed Care	Adult	75%	69%
	Child	78%	77%
	CSHCN	73%	N/A
	Non-CSHCN	82%	N/A
How Well Doctors Communicate	Adult	59%	51%
	Child	57%	52%
	CSHCN	61%	N/A
	Non-CSHCN	56%	N/A

CAHPS data reveals that the perception of getting needed care is more favorable for the child population than for the adult population. However, both the CCAH adult and child rates exceeded the Medi-Cal average. Also of note is that parents of children with chronic care conditions (CSHCN) report less satisfaction with “Getting Needed Care” than their Medi-Cal peers. The finding of lower satisfaction with this group highlights the need for CCAH’s practitioner network’s to enhance its sensitivity to the needs of this more vulnerable population.

Review of data indicating members' perception of “How Well Doctors Communicate” demonstrates that CCAH members perceive that practitioner communication is very favorable. The CCAH adult and child rates for this measure exceeded the Medi-Cal managed care average. The finding that parents of the CSHCN population have a higher rate of satisfaction with communication as parents of Medi-Cal children leads to the belief that practitioners differentiate in their communication style between the two groups. Because the chronic care children are likely to have more serious health issues, the need for good communication between practitioners and parents is paramount in this subset of the childhood population.

Quality Improvement Projects

In the area of Quality Improvement Projects (QIPs), CCAH used the quality process of identifying a problem relevant to their population, setting a measurement goal, obtaining a baseline measurement and performing targeted interventions aimed at improving the performance. However, after the re-measurement periods, qualitative analyses often identified new barriers that impacted CCAH’s success in achieving its targeted goal. Thus quality improvement is an ever evolving process that may not be actualized due to changes in the study environment from one measurement period to the next.

The quality improvement projects (QIP) performed by CCAH can be found on page three of this report. The following section provides a synopsis of each QIP undertaken by CCAH.

Increasing Access to Perinatal Services for Alliance Medi-Cal Members

Relevance:

- Activity is relevant to a large proportion of the CCAH population.
- CCAH recognizes opportunities for improvement in their prenatal and postpartum care compliance rates.

Goals:

- Improve compliance among members relative to obtaining a postpartum visit 21-56 days after delivery.
- Improve compliance among members of the MCO who receive a prenatal care visit in the first trimester or within 42 days of enrollment in CCAH.

Best Interventions:

- Hired a health educator to facilitate access to care for pregnant members in the prenatal and postpartum intervals.
- Implemented perinatal support services for pregnant members.
- Implemented a transportation voucher system program to provide transportation to pregnant women who have unreliable or no available transportation to pregnancy-related appointments.
- Create and distribute quality awards to PCP sites with the highest compliance rates for perinatal measures.

Outcomes:

- CCAH documented improvement in the timeliness of prenatal care in both counties served: Santa Cruz County and Monterey County. Rates were as follows:

Table 3. Prenatal Rates

County	Measurement Cycle	Rate
Santa Cruz	Baseline: 1999	72.9%
	Re-measure 1: 2000	75.2%
	Re-measure 2: 2001	82.6%
	Re-measure 3: 2003	96.1%
Monterey County	Baseline: 2000	76.7%
	Re-measure 1: 2001	77.4%
	Re-measure 2: 2002	84.4%
Santa Cruz and Monterey County	Baseline: 2000	76.4%
	Re-measure 1: 2001	78.3%
	Re-measure 2: 2002	88.1%

CCAH demonstrated improvement for postpartum check-ups after delivery in both counties it serves; Santa Cruz County and Monterey County. The rates are as follows:

Table 4. Postpartum Rates

County	Measurement Cycle	Rate
Santa Cruz	Baseline: 1999	57.8%
	Re-measure 1: 2000	60.5%
	Re-measure 2: 2001	66.1%
	Re-measure 3: 2003	73.6%
Monterey County	Baseline: 2000	53.0%
	Re-measure 1: 2001	55.4%
	Re-measure 2: 2003	63.5%
Santa Cruz and Monterey County	Baseline: 2000	55.2%
	Re-measure 1: 2001	58.4%
	Re-measure 2: 2002	66.7%

Attributes/Barriers to Outcomes:

- Barrier: Alliance lacks an efficient timely process for identifying pregnant women early in pregnancy.
- Barrier: Lack of reliable transportation to attend prenatal and/or postpartum visits.
- Barrier: Lack of recognition for practitioner sites that meet quality goals.

Improving Adolescent Health Collaborative Project

Relevance:

- Consistent under-utilization of routine adolescent well care services within the Med-Cal managed care system.

Goals:

- Improve the adolescent visit rate by 3.5% in 2004; and by 5% in 2005.
- Increase the adolescent request to participate in the member incentive program.
- Increase provider and office training.

Best Interventions:

- Quality-Based incentives for clinicians.
- Provider office trainings.
- Implementation of the Teen Tune-Up Member Incentive Program.

Outcomes:

- N/A. Baseline measure only.

Attributes/Barriers to Outcomes:

- Barrier: Diffuse geography and largely diverse population between Santa Cruz and Monterey counties.
- Barrier: Lack of understanding among parents, teens and clinicians regarding the value of a well care adolescent visit.
- Barrier: American Academy of Pediatrics recommends annual adolescent well visits but CHDP only reimburses for a well-care physical every three years.

Improving Health of Members with Diabetes Collaborative Project

Relevance:

- Increasing prevalence of diabetes nationally as well as throughout the state of California.

Goals:

- Improve the rate of members who receive one or more hemoglobin A1C tests during the measurement period.
- Improve the rate of members with diabetes who receive retinal eye screening during the measurement period.
- Improve the rate of members with diabetes who receive LDL-C testing throughout the measurement period.

Best Interventions:

- Hired a diabetes case manager.
- Implemented semi-annual “tracking reports/care summaries” mailings to clinicians.
- Improved the availability of IT systems analyst to support health services.

Outcomes:

- N/A. Baseline measure only.

Attributes/Barriers to Outcomes:

- Barrier: Clinicians lack integrated member clinical data and pharmacy data.
- Barrier: Members lack of awareness regarding the seriousness of the disease.
- Barrier: CCAH staffing resource constraints.

Asthma Collaborative

Relevance

- High inpatient utilization rate for members with asthma.
- High emergency department encounters for members with asthma.

Goal

- Decrease the rate of hospitalization for members with asthma.
- Decrease the emergency room visit rate for members with asthma.

Best Interventions:

- Formulation of partnerships with community agencies that have resources for asthma education.
- Care management strategies for member with asthma at high risk for hospitalization and/or emergency room usage.
- Feedback to clinicians regarding members on their panels who have asthma.

Outcomes:

- NA-baseline measure only.

Attributes or barriers to outcomes:

- Installation of a new IT system slowed the progress for data retrieval.
- Staffing constraints leading to limited resources.

Table5 represents the Qualitative Results of each QIP.

Table 5: Quality Improvement Project Performance Results- CCAH

QIP Activity	Indicator	Baseline	Re measurement			
			#1	#2	#3	#4
Improving Access to Perinatal Services	Timeliness of Prenatal Care. Santa Cruz County	1999 72.85%	2000 75.2%	2001 82.6%	2003 96.1%	
	Monterey County		76.7%	77.4%	84.4%	
	Santa Cruz and Monterey Counties		76.4%	78.8%	88.1%	
	Check-ups After Delivery Santa Cruz County	57.8%	60.5%	66.1%	73.6%	
	Monterey County		53%	55.4%	63.5%	
	Santa Cruz and Monterey Counties		55.2%	58.4%	66.7%	
Adolescent Well-Care Visits	Percentage of adolescent members who received a well care visit during the measurement period.	30.2%				
	Percentage of adolescent members requesting to participate in the adolescent incentive program.	4.3%				
Diabetes Collaborative	HbA1c	70.3%				
	LDL-C	72.9%				
	Eye exam	64.0%				
Asthma Collaborative	Rate of inpatient utilization for members with asthma.	2002 146 admissions/1000				
	Rate of emergency room encounters for members with asthma.	250 visits/1000 members				

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and the Department of Managed Health Care (DHMC). Within the audit and investigation component of the quality review, CCAH was assessed specifically in the following areas:

Quality Management Review Requirements

- Qualified Providers.
- Program Description and Structure.
- Administrative Services.
- Delegation of QIP Activities.

Member's Rights

- Grievance Systems.

Continuity of Care

- Coordination of Care: Within the Network.
- Coordination of Care: Outside the Network/Special Arrangements.
- Initial Health Assessment.
- Referral Follow-Up Care System.

CCAHA was found to have opportunities for improvement in the areas of qualified providers, program description and structure and administrative services. As well, opportunities for improvement were also identified related to grievance systems, coordination of care outside the network and for special arrangements, initial health assessments and the referral follow-up care system. CCAHA implemented corrective action to address deficiencies identified by the State.

Summary of Quality

In summary, CCAHA Health Plan demonstrates a quality-focused approach in administering care and services to its members. The plan demonstrates an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services. CCAHA's commitment to clinical quality is well demonstrated in its achievement of HEDIS scores that exceeded the Medi-Cal average and the national Medicaid average for 80 percent of the measures. Member satisfaction with clinical quality is also noteworthy. CCAHA members expressed greater satisfaction with doctor's communication and the ability to obtain needed care than Medi-Cal members on average. Members who are satisfied with their care and feel they can get the care they need are likely to seek services prior to the progression of illness. CCAHA also displayed sustained improvement in its prenatal access QIP.

Access At A Glance

Access to care and services has historically been a challenge for Medi-Cal recipients enrolled in fee-for-service programs. One of the Medi-Cal Managed Care Division’s (MMCD) goals is to adequately protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings in regard to access are displayed in the following sections.

HEDIS®

Looking at access from a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for this measure, the timeliness of prenatal care and the completion of a postpartum check-up following delivery.

Table 6: 2004 HEDIS Access Measure Results for Central Coast Alliance for Health

HEDIS Measure	2004 CCAH Rate	Medi Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	88.1%	75.7%	76.0%
Postpartum Check-up Following Delivery	66.7%	55.7%	55.2%

CCA’s noteworthy performance in the these access measures are likely the result of interventions undertaken as part of the QIP activity, Improving Access to Perinatal Services. Specifically, postpartum care was positively impacted by the health plan’s access to correct demographic information for outreach to postpartum members. Other health plans would benefit from understanding the impact that good member demographics have upon the effectiveness of interventions.

CAHPS®

Member satisfaction scores related to access to services are addressed in a composite rating calculated as part of the CAHPS survey. This composite rating for “Getting Care Quickly” is used as a proxy measure for access and availability.

Table 7. 2004 CAHPS Access Measure Results for Central Coast Alliance for Health

CAHPS Measure	Population	2004 CCAH Rate	Medi Cal Managed Care Average
Getting Care Quickly	Adult	41%	35%
	Child	37%	38%
	CSHCN	43%	N/A
	Non-CSHCN	34%	N/A

Findings from 2004 indicate that CCAH exceeded the Medi-Cal managed care average for the adult rate in this measure. The child rate fell below the comparison average by only one percentage point (37% versus 38%). However, it is important to note that children with chronic care needs (CSHCN) and the Medi-Cal children’s population have different rates of satisfaction with access (43% versus 37%). When considered with the CAHPS quality assessment for getting care when needed, one can deduce that the complex care population is less satisfied with their ability to obtain routine care and when they perceive a more urgent need, they may be more able to obtain care compatible with their expectations.

Quality Improvement Projects

Central Coast Alliance for Health quality improvement projects all focused upon improvement of clinical indicators. However, within the barrier analyses for each project, potential access barriers were frequently identified. The identification of these access barriers is followed by interventions targeted to improve access. Several of the QIP activities identified access as a barrier in the performance of the qualitative analysis of their projects. Actions were then taken to ameliorate or when possible, eliminate the identified access barrier. For examples of access barriers identified, refer to the quality section discussion of QIP activities: attributes/barriers to outcomes.

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and DMHC. This audit covered health plan activity from 2002-2003 and encompassed a compliance review considering the following requirements which represent proxy measures for access:

Member’s Rights

- Cultural and Linguistic Services.
- Primary Care Physician

Availability and Access

- Access To Medical Care.
- Access To Emergency Services.

- Access To Pharmaceutical Services.
- Access To Specific Services.

After completion of the review, DHS/DMHC, identified opportunities in the area of access to emergency, pharmaceutical and specific services. Additionally, deficiencies were identified in the areas of primary care physician requirements. To address these opportunities, DHS/DMHC conducted active oversight of CCAH's corrective action process. CCAH implemented recommendations related to Access Review Requirements and corrected identified opportunities.

Summary of Access

Overall, access is an area where continued work towards improvement occurs. Although CCAH adult members are more satisfied with the ability to "get care quickly", there is improvement needed within the childhood population. However, the data demonstrate that the CSHCN population expressed greater satisfaction with the ability to obtain care than their non-CSHCN Medi-Cal peers. This finding is important due to the fact that the ability to get care quickly for the CSHCN population is likely to avert inappropriate hospitalization. Combining all the data sources used to assess access, CCAH has addressed the primary care physician requirements identified in the A&I audit conducted by DHS/DMHC.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medi-Cal managed care enrollees. Equally important is the timely delivery of those services. The findings related to timeliness are revealed in the sections to follow.

HEDIS®

Timeliness of care is assessed using the results of the HEDIS Adolescent Well Care Visits and Well Child Visits in the First 15 Months of Life, as well as the DHS developed Blood Lead Level Testing measure. All Medi-Cal managed care plans were required to submit these measures.

Table 8: 2004 HEDIS Timeliness Measure Results for Central Coast Alliance for Health

HEDIS Measure	2004 CCAH Rate	Medi Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	53.8%	48.7%	45.3%
Adolescent Well-Care Visits	30.2%	33.9%	37.4%
Follow-Up Rate for Children with elevated BLL at 24 Months	66.7%	53.7%	N/A
Follow-Up Rate for Children with elevated BLL at 27 Months	66.7%	33.1%	N/A

The “Well Child Visits in the First 15 Months of Life” measure exceeded both the Medi-Cal managed care average and the National Medicaid HEDIS average. However, the “Adolescent Well-Care Visits” measure fell below both comparison averages. When looking at this data compared to the HEDIS childhood immunization results for CCAH, it is explicable that the rates are found to be high for both measures (Childhood Immunization Status and Well Child Visits in the First 15 Months of Life- 6 or more visits). This may indicate that as practitioners performed a higher rate of well child visits, the childhood immunization rates appear to be higher.

CAHPS®

Member satisfaction scores related to timeliness of services are addressed in two composite ratings calculated as part of the CAHPS survey: Courteous and Helpful Office Staff and Health Plan’s Customer Service.

Table 9: 2004 CAHPS Timeliness Measure Results for Central Coast Alliance for Health

CAHPS Measure	Population	2004 CCAH Rate	2004 Medi Cal Average
Courteous and Helpful Office Staff	Adult	64%	54%
	Child	53%	53%
	CSHCN	58%	N/A
	Non-CSHCN	51%	N/A
Health Plan’s Customer Service	Adult	59%	70%
	Child	75%	75%
	CSHCN	65%	N/A
	Non-CSHCN	77%	N/A

Members' perception of courteous and helpful office staff generally impacts utilization of services. The CCAH adult rate for this measure reveals that office staff is more helpful when compared to the general Medi-Cal population. The child rate was found to be equivalent to the Medi-Cal average (53%). The adult rate exceeded the Medi-Cal average by several percentage points (64% versus 54%). However, the Central Coast Alliance for Health CSHCN rate for this measure exceeded the child rate. It is noteworthy that parents of children with chronic care needs find office staff more courteous and helpful than their Medi-Cal peers. This is important as this population often requires more guidance from office staff in order to avoid crisis care management. CCAH adult members generally find health plan customer services staff less helpful than the child and CSHCN population. The adult rate fell below the Medi-Cal average by several percentage points (59% versus 70%). The CSHCN population is likely to require more information related to direct medical care; however this population scored below the child rate for this measure. This information is likely to be better provided by the medical office staff.

Quality Improvement Projects

Timeliness was a focal area of attention in most of the QIPS. Member-focused efforts consisted of assuring that members were reminded of preventive services prior to the age range when the services are due. CCAH used a variety of mechanisms to address timeliness, including sending outreach reminders, disseminating preventive health guidelines to members and clinicians and providing evidence-based literature to the practitioner network. Practitioner barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

Issues related to timeliness of services may very likely be impacted by access. CCAH acknowledged the relationship between timeliness and access within the barrier analysis of the QIP where access was often identified as a barrier. If care or service cannot be obtained, timely provision of the needed service is unlikely. The interdependence of access and timeliness is further illustrated in QIP studies that are HEDIS-related and focus upon services received (access) as well as the timeframe in which the service was provided (timeliness).

Audit and Investigation (A&I) Findings

Delmarva's review of DHS/DMHC's plan survey activity from 2002-2003 evidenced that the following review requirements were monitored and reflect adequate proxy measures for timeliness:

Utilization Management

- Prior Authorization Review Requirements.
- Prior Authorization Appeal Process.
- Pharmaceutical Services in Emergency Circumstances.

DHS/DMHC assessed timeliness review requirements and made recommendations for improvement related to prior authorization review requirements. CCAH addressed issues identified in the Utilization Management Process and corrected identified deficiencies.

Summary for Timeliness

Timeliness barriers are often identified as access issues. CCAH demonstrates strength in timeliness as a component of quality care in the area of well child care visits. CCAH scored above the Medi-Cal average for this measure. CCAH also demonstrated the awareness of timeliness in the blood lead screening EAS measures. CCAH members exceeded the Medi-Cal average for this both the 24 and 27 month age groups. Although improvement is needed for the adolescent well care visits, CCAH acknowledges the need for improvement thus has undertaken this topic as a QIP activity.

In performing HEDIS quality measures CCAH demonstrates an awareness of the importance of timeliness in the provision of overall quality care and service.

Overall Strengths

Quality:

- Commitment of CCAH management staff towards quality improvement as evidenced by the rapid response and resolution of the deficiencies cited during the audit and investigation reviews.
- Sustained improvement in the Timeliness of Prenatal and Check-ups After Delivery.
- General precise documentation within the QIP that defines the problem under study, indicator measures, and the tri-focal approach to interventions taken to attain improvement followed by reassessment for improvement.

Access:

- CCAH parents of CSHCN enrollees express greater satisfaction with access to “get care quickly” than the parents of Medi-Cal enrollees on average. This is particularly important for chronic care populations as the inability to receive care quickly often leads to inappropriate hospitalization.
- CCAH had adequate access for the prenatal population and implemented a transportation voucher program to assist members in attaining access to prenatal and postpartum care.

Timeliness:

- CCAH exceeded both the Medi-Cal average as well as the National Medicaid average for 15 month childhood visits.
- CCAH’s recognition of the interdependence of access and timeliness for improvement of care and/or services to be realized.

Recommendations

- Conduct follow-up assessments of the perception of the intended audience receiving educational endeavors. Follow-up with practitioners and/or members to determine if educational materials were effective toward achieving the desired behavior or outcome.
- Perform periodic monitoring within areas identified in the medical audit as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Continue work towards improving the adolescent well care visit rate.
- Assess the disparities in quality of care and/or services among differing ethnic populations within the managed care membership. Understanding this phenomenon will enable focused resource allocation.
- Find alternative mechanisms to obtain accurate member demographic information if outreach mailings and phone calls will remain a major strategy of outreach to members.

Recommendations that have been implemented independent of the EQRO feedback should be viewed as information only and be continually monitored by the health plan for assessment of improvement to be included in next year's plan specific report.

References:

California Department of Health Care Services, Medi-Cal Program. (2003).

*External Quality Review Organization Contract- Delmarva Foundation
for Medical Care, Inc., Exhibit A, Attachment I- Detailed Scope of Work, 03-75611.*

California Department of Health Services, Medical Care Statistics Section. (2004, August). *Interim Managed
Care Annual Statistical Report*. Retrieved

November 18, 2004, from California Department of Health Services website:

www.dhs.ca.gov/mcss/PublishedReports/annual/managed_care/mcannual04/04report.htm

California Department of Health Care Services, Medi-Cal Program. (2004, December). *Medical Services Provider
Manual, Part 1- Medi-Cal Program*

and Eligibility, Medi-Cal Program Description. Retrieved November 1, 2004, from California Department
of Health Services website:

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part1/00medi-cal_z00.doc

Centers for Medicare and Medicaid Services (CMS). (2002, June). *Final Rule: Medicaid*

Managed Care; 42 CFR Part 400, et.al. Subpart D-

Quality Assessment and Performance Improvement. Retrieved December 9, 2004, from CMS website:

<http://www.cms.hhs.gov/medicaid/managedcare/f4289.pdf>

Centers for Medicare and Medicaid Services (CMS). (2003, January). *Final Rule: External Quality Review of
Managed Care Organizations and*

Prepaid Inpatient Health Plans; 42 CFR Part 438.300 et.al. Retrieved November 1, 2004 from CMS
web site:

<http://www.cms.hhs.gov/medicaid/managedcare/eqr12403.pdf>

Institute of Medicine (IOM), Committee on the National Quality Report on Health Care Delivery, Board
on Health Care Services. (2001). *Envisioning the National Health Care Quality Report*. Retrieved February 24,
2005, from the National Academies Press website:

<http://www.nap.edu/html/envisioning/ch2.htm>

National Committee for Quality Assurance (NCQA). (2003). *Standards and Guidelines for the Accreditation of
MCOs*.